SEPA
Position statement

Monitoring of facilities involved in the management of Clinical and Healthcare Waste

Purpose

This position statement clarifies SEPA's position as to the standards that apply when regulating facilities involved in the management of clinical and healthcare wastes with regard to monitoring of pathogenic organisms and efficacy of treatment.

Definition of Clinical Waste/Healthcare Waste

The most commonly used definition for clinical waste can be found in the Controlled Waste Regulations 1992[1]:

"any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it " and *"any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it"* .

Healthcare Wastes are those wastes listed in Chapter 18 of the European Waste Catalogue[2] and arise from human and animal healthcare, i.e. from hospitals, GP surgeries, dental surgeries, veterinary surgeries etc. Note that not all healthcare wastes are clinical wastes, e.g. chemicals or medicines.

Background

The PPC[3] regime was created to prevent or minimise emissions to air, water and soil, as well as waste, from industrial installations, including waste management facilities, with a view to achieving a high level of environmental protection.

A number guidance documents have been published to support the regime such as the BAT reference docs, prepared by the EU, or PPG Notes and Sector Technical Guidance Notes produced for UK operators by the Regulatory bodies (SEPA, EA & NIEA).

Published in 2004, the first sector guidance note applicable to the treatment of clinical wastes was IPPC S5.06 - Recovery & Disposal of Hazardous & Non-hazardous Waste.

Since its publication IPPC S5.06 has been further supplemented by the sector guidance notes IPPC S5.06 – Supplementary for Clinical Wastes (appendix 6) and, more latterly, Clinical Wastes (EPR 5.07).

EPR 5.07[4] was introduced to reflect a change in the regulatory framework for England and Wales and although some elements of the document are not wholly applicable to SEPA's regulatory framework some key elements and requirements, namely annexes 1, 2 and 3, have remained unchanged.

SEPA staff have been encouraged to implement key elements of IPPC S5.06 and its supplementary guidance notes IPPC S5.06 – Supplementary for Clinical Wastes (appendix 6) and more latterly EPR 5.07 into Permits where appropriate, relevant and practical.

The requirements contained in annexes 1, 2 and 3 of EPR 5.07 have, in principle, remained unchanged from the previous supplementary guidance (appendix 6) and as such SEPA's regulatory position in respect to the

[1] http://www.legislation.gov.uk/uksi/1992/588/contents/made
[2] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2000D0532:20020101:EN:PDF
3 The Pollution Prevention and Control (Scotland) Regulations 2000; http://www.legislation.gov.uk/ssi/2000/323/contents/made
[4] http://www.environment-agency.gov.uk/business/sectors/39737.aspx

monitoring of pathogenic organisms and efficacy of treatment in facilities involved in the management of clinical wastes has remain unchanged by the publication of EPR 5.07.

SEPA Position – Recommended guidance for the monitoring of pathogenic organisms and efficacy of treatment

Until publication of other guidance, annexes 1, 2 and 3 to EPR 5.07 which will be regarded as the most appropriate requirements for monitoring of pathogenic organisms and efficacy of treatment in facilities involved in the management of clinical/healthcare wastes and should be referred to by SEPA officers and Operators as BAT.